



Injuries/Waiver of Liability/Authorization

I understand that there is risk of potential injury associated with dance classes. I represent the named student and verify they are in good health and physically capable of participating in dance classes. On behalf of myself and the below mentioned student, I hereby waive and release any claim against Scottsdale Ballet Foundation and the Scottsdale School of Ballet, their staff, employees, landlord and contractor occurring in or around the dance school.

I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency, if I cannot be reached, I authorize you to seek any medical assistance reasonably required in your judgment and I agree to be responsible for medical expenses incurred on behalf of the student.

I also understand that photos and/or video taken at this audition may be used for publicity, fund raising or other SBF related activities in perpetuity and waive any right to future compensation for the use of my image.

Student Signature

Date

Parent or Guardian Signature

Date